

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0311	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/22/2010
NAME OF PROVIDER OR SUPPLIER VERGENNES RESIDENTIAL CARE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 34 NORTH STREET VERGENNES, VT 05491		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R100	Initial Comments: An unannounced onsite licensing survey was conducted by the Division of Licensing and Protection on 9/22/2010.	R100		RECEIVED Division of OCT 13 10 Licensing and Protection	
R171 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home did not have a procedure established to document monitoring for the adverse side effects of psychotropic medications for 2 applicable residents (Resident #1 and Resident #2).	R171	5.10.g (5) The RN's Monthly assessment will continue to monitor for the adverse side effects of psychotropic medications for all residents receiving psychoactive medications. An AIMS testing sheet has been added to the nursing assessment for quarterly documentation.	9/24/10	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

Bankey M. M. RN

TITLE
Administrator

(X6) DATE

10-12-2010

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R171	Continued From page 1 Findings include: 1. Per record review on 9/22/2010, Residents #1 and #2 were each receiving the psychotropic medication Seroquel. There was no documentation in either record to indicate that the potentially irreversible side effects of this medication were being monitored by staff. During interview that afternoon, the Manager confirmed that there was no formal documentation system in place to monitor for potential side effects of psychotropic medications.	R171	10-18-2010 POC accepted as written. C. Loranway, RN		
R173 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h. (1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home did not assure that refrigerated medications are stored under proper temperature controls. Findings include: 1. Per observation on 9/22/2010, the medication refrigerator in the nurse's station had no thermometer inside to assure that medications were stored within pharmacy recommended temperature ranges. During interview that afternoon, the Manager confirmed that there was	R173	5.10.h (1) A refrigerator thermometer has been placed (on 9/22/10) inside the medication refrigerator in the Nurse's Station, with the Pharmacy recommendations marked clearly on the front of the refrigerator. Temperatures will be monitored and documented at shift change with abnormal readings reported to the RN immediately.	9/22/10	

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R173	Continued From page 2 no thermometer present and that a system of monitoring this medication storage refrigerator had not been initiated.	R173	R173 - 10/18/2010 POC accepted as written. — C. Laraway, RN —		
R176 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (4) Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with the home's policy and applicable standards of practice. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to promptly dispose of expired refrigerated medications as required. Findings include: 1. Per observation on the afternoon of 9/22/2010, there were medications stored in the nursing station refrigerator that had either exceeded their expiration dates and / or belonged to a discharged resident. Expired medications for use by current residents included Tylenol Suppository (expired 8/2010), Bisacodyl Suppository house stock (expired 8/2007), Nitroglycerine tablets house stock (expired 10/2008) and Tylenol Suppository house stock (expired 8/2007). Medications not discarded following resident discharge included Novolin R Insulin and Canasa tablets. During interview that afternoon, the Manager confirmed that these medications had not been disposed of following either resident discharge and / or medication expiration as required.	R176	5.10.h (4) During shift change "report" following a discharge or death, Medication certified staff will check refrigerator contents to insure that there are no expired medications or medications belonging to discharged residents, and that the remaining medications are within pharmacy recommended temperatures. In addition, Medication certified staff will check for expired medications on the first Wednesday of each month.	10/3/10	

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R179 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:</p> <ul style="list-style-type: none"> (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, 5 of 5 staff had no evidence supporting completion of the required annual 12 hours of training. Findings include:</p> <p>1. Per record review on 9/22/2010, there was no documented completion of required infection control and abuse / neglect / exploitation training for 5 of 5 staff reviewed nor a total of 12 annual</p>	R179	<p>5.11.b (4) Although each staff member as a condition of employment has completed and documented individual training on abuse, neglect and exploitation of residents, a regular annual in service training will be established and completed for this year before 12/31/10 and continued thereafter. Monthly in service on the first Thursday of each month has been established starting in October 2010.</p>	10/7/10	

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R179	Continued From page 4 hours of training. During interview that afternoon, the Manager confirmed that there was no documented training for the 5 reviewed staff indicating completion of required training.	R179	5.11.b (6) Documented completion of required infection control training for all staff was done on 10/7/10. Monthly in service on the first Thursday of each month has been established and started in October 2010. There will be at least 12 hours of training each year for each staff person providing direct care to residents. <i>R179 - 10/18/2010 - POC accepted as written. — C. Laramy, RN</i>	<i>10/7/10</i>	